

central vessels of the retina. These alterations are, however, of no value as a means of diagnosis in cases of simulated epilepsy, as they occur under the influences of other causes. The temperature, Gottardi (in full accord with the results of Charcot, Bourneville, and Jaccoud) finds to be markedly lower after an attack, a conclusion with which other observers are very likely not to agree. The sphygmographic traces obtained by Gottardi corroborate those obtained by Voisin. In epileptics, after the attack, the mean pulse is, according to Gottardi, lower than normal, remaining for a time stationary, then rising to normal. He regards this as characteristic of the disease. It is obvious, however, that the simulation of epilepsy by a neurotic individual is a somewhat difficult matter to detect.—*Chicago Medical Review*, June 20th.

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The following are the titles of some of the recent papers on the pathology of the nervous system and mind.

LEPINE, R.: Sur l'épilepsie congestive, *Revue de Médecine*, June. LANGHANS, T.: Ueber Höhlenbildung im Rückenmark als Folge von Blutstauung, *Virchow's Archiv*, lxxxv, i, 1880. ISRAEL, OSCAR: Schussverletzung der grossen Armmennerven mit nachfolgender Atrophie der Extremität, *Ibid.* SEGUIN, E. C.: Clinical lecture on hemiplegic epilepsy, *Boston Med. and Surg. Journ.*, July 21st. WALTON, GEO. L.: The reflexes; notes from one of Professor Erb's lectures on the diagnosis of diseases of the nervous system, Leipzig, *Ibid.*, Aug. 4th. BECHTEREN, W.: Ueber die klinischen Erscheinungen des Symptoms von combinirter Abweichung der Augen und des Kopfes bei Affectionen der Gehirnrinde., *St. Petersb. Med. Wochenschr.*, Nos. 12 and 13; and der Einfluss der Hirnrinde auf die Körpertemperatur, *Ibid.*, No. 25. LIZE, D.: Sur quelques symptomes laryngobronchiques de l'ataxie locomoteur progressive, etc., *L'Union Méd.*, No. 100. BERTHOLLE and CH. ELOY: Observation d'hydrophobie rabique, *Ibid.*, No. 111. DE JONGE, D.: Ueber einen Fall von sogenanter Compressions myelitis mit hochgradiger Steigerung des Tastsinnes der gelähmten Unterextremitäten, *Deutsche Med. Wochenschr.*, No. 35. UNVERRICHT: Beitrag zur Lehre von partiellen Epilepsie, *Ibid.* BASSI, UGO: Contributo allo studio dei fenomeni postemiplegici; emiatassia postemiplegica, *Lo Sperimentale*, July. JOHNSON, ANNA H.: Neurasthenia, *Phila. Med. Times*, Aug. 27th. REICHERT, E. T.: Convulsions due to depression of spinal reflex-inhibitory centres, with special reference to the convulsions of

apomorphine, atropine, strychnine, and other poisons, *Ibid.*, Aug. 13th. SPAMER: Ueber den Hypnotismus, seine Ursachen, sein Wesen und die aus beiden sich ergehenden Folgerungen, *Fahrh. f. Psych.*, iii, Hft. i and ii. SEELIGMÜLLER: Ueber traumatischen Tremor und die Simulation desselben, *Ibid.* HÖLLÄNDER: Ueber epileptoide Zustände mit Einschluss des transitorischen Irrseins, *Ibid.* GREENE, J. S.: Subinvolution of the uterus and neurasthenia, *Boston Med. and Surg. Journ.*, Aug. 11th. SEGUIN, E. C.: Importance of the early recognition of epilepsy, *N. Y. Med. Record*, Aug. 6th and 11th.

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c.—THERAPEUTICS OF THE NERVOUS SYSTEM AND MIND.

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HOANG NAN.—Dr. Barthelemy (*Bulletin Générale de Thérapeutique Médicale et Chirurgicale*, August 15, 1881) claims that on man hoang nan produces the following effects: In a small dose, five to ten centigrammes, the result is an augmentation of the mental and physical activity, increased animation and flow of ideas. Given for a long time in this dose hoang nan has a tonic effect, increasing flesh and weight. In from two to four times the dose just mentioned, general feeling of heat, itching and formication result; muscular tonus and the reflexes are increased; there are also pains over the region of the liver, in both temples; and, at the same time, vertigo. From a still larger dose, general malaise, excessive vertigo, irregular involuntary contractions of the feet and hands result. An excessive dose is attended by loss of consciousness and chills.—*Chic. Med. Rev.*, Oct. 5, 1881.

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MASSAGE FOR THE RELIEF OF TABETIC ANÆSTHESIA.—Schreiber (*Medicin, Chirurgische Rundschau*, April, 1881) claims very good results from massage in a case of locomotor ataxia in an advanced stage, with lancinating pains, gastric crises, paralysis of the abducens nerve, and complete anæsthesia of both gluteal regions. Having been convinced that massage is capable of curing the anæsthesia which presents itself in the course of neuralgia, especially in sciatic, Schreiber resolved to attempt this treatment in the case under consideration, although it has been heretofore claimed that mechanical treatment is contra-indicated in locomotor ataxia. In daily sittings of five minutes' duration, the affected parts were kneaded with the clenched fist in various